



**FREDERICK COUNTY HEALTH DEPARTMENT
APPLICATION FOR EVALUATION OF INDIVIDUAL WATER SUPPLY**

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|--|---|--------------------------|--------|
| Results to be mailed to: Name: | Fee Paid: Receipt #: | | |
| | Tax Map #: | Parcel #: | ADC# |
| Mailing Address: | Property Address: | | |
| Phone: Home: () Work: () Cell: () | | | |
| Subdivision Name: | Lot Number: | Section: | Block: |
| Location & Directions to the Property: Type of House and Color: | | | |
| Reason for Water Supply Evaluation: () Doctor's Request () Routine () Certificate of Potability () Family Day Care, Foster, Adoption Homes | If Doctor's Referral: Doctor's Name: _____ Address: _____ Phone Number _____ | | |
| Well Information - Health Department Use Only | | | |
| Tag Number FR - _____ | | Well Depth _____ | |
| Driller: _____ | | Casing Depth _____ | |
| Date Drilled: _____ | | Gallons per minute _____ | |
| APPLICANT'S SIGNATURE: | | DATE: | |

HEALTH DEPARTMENT USE ONLY

| INVESTIGATOR | DATE | LAB RESULTS | WELL TYPE | PH | CL5 | BOTTLE NUMBER |
|--------------|------|-------------|--------------|----|-----|------------------|
| | | | | | | |

FIELD OBSERVATIONS:

COMMENTS:

NOTES TO BE PUT IN LETTER:

INSTRUCTIONS:

1. Upon request, The Frederick County Health Department will collect a water supply sample for bacteriological analysis at locations in Frederick County for a fee of **Forty Dollars (\$40.00)** starting July 1, 2009.
2. Please complete Sections, A, B, C and D of this form.
3. Make check payable to: **Frederick County Health Department**
4. If applying by mail, send application and a **Forty dollar (\$40.00)** check to:

Environmental Health Services
ATTN: Accounts Receivable
Frederick County Health Department
350 Montevue Lane
Frederick, MD 21702
5. When application is mailed, allow at least 5 days before requesting an appointment.
6. Appointments for collection of water sample: A Health department representative will schedule appointments to sample individual water supplies at mutually convenient times when person(s) responsible for the property are available to provide access.
7. Water sampling appointments for Family Day Care, Foster/Adoption Homes and Routine may be made by calling 301-600-1717 between 8-9:30 a.m.
8. Please restrain all pets during the Health Department representative's visit.

IMPORTANT NOTICE

Effective January 15, 1992, the Maryland Department of Health and Mental Hygiene Laboratories Administration began charging fees for well water analysis. There is a \$41 fee for bacteriological analysis, a \$17 fee for nitrate analysis, \$14 for turbidity analysis and various fees for other analyses. These fees are in addition to the \$40 fee that the Frederick County Health Department charges for collection of the samples.

At the time of the sample collection, you will be given a bill and instructions as to where to send the bill along with your check for payment of the required fee(s). The Laboratory will not release sample results to the Health Department until the fee(s) have been received.

Please bear in mind that these fees were instituted by the Laboratory and not the Frederick County Health Department. Any questions regarding the fees must be directed to the Laboratories Administration 410-767-6145.